

AIMS Response to MBRRACE-UK Reports October 2018

MBRRACE-UK: Saving Lives, Improving Mothers' Care

MBRRACE-UK: Perinatal Mortality Surveillance report for births in 2016

We thank the teams from NPEU for compiling these reports. This vital information should provide health professionals the impetus to improve care for women and babies. It is not acceptable that there are hospitals who do not respond – the time has come for them to be shamed into doing so. If they do not feel it is important enough to send in their statistics, is that because they have something to hide or more worrying, is it that they simply don't care. These hospitals are also the ones unlikely to react to the reports' recommendations.

We note, with concern, that these reports are no longer being sent to stakeholders ahead of their official release. We agree with Professor Jenny Kurinczuk about the ramifications of this decision. From AIMS' point of view, we are a charity run by volunteers and the more notice we have, the easier it is to respond promptly.

To the reports:

AIMS is not surprised at the findings of the first report *Saving Lives, Improving Mothers' Care*.

72% of women who died did not receive good care and

88% of women surviving major obstetric haemorrhage did not receive good care.

We know from the women who come to our helpline and those whom we work with that there is poor care throughout the maternity service, particularly

- For those women from black and ethnic backgrounds, where we know there is institutional racism in many wards from obstetricians and midwives,
- For those women with histories of mental illness or who are traumatised by their birth experience, where we know the post-natal mental health service is sadly lacking,
- For those women with other medical conditions, particularly cardiac related issues.

For the *Perinatal Mortality Surveillance Report*

We note the little change in statistics but worry about the findings of the next report. We know that many women are being forced into induction of labour in an attempt to reduce the number of babies who are stillborn, despite the lack of evidence of its effectiveness. This one solution may (or may not) solve one crisis but creates another, with the high

possibility of physical injury and traumatic birth which can have devastating lifelong consequences for many women.

The increase in the induction rate is putting further stress on an already over-stretched maternity service, which is likely to lead to more sub-standard care in other areas. It also means that fewer women will be eligible to access out-of-hospital birth places, where we know the risks to mothers are lower.

We note the small numbers of parents consenting to post mortems and would like to see health professionals spending more time with bereaved parents explaining the benefits of post mortems, which we acknowledge are essential for a better understanding of why babies die.

One thing we do know is that the outcomes for babies are significantly better when their mother is cared for in a Continuity of Carer model, including reductions in stillbirths as well as potentially damaging birth interventions. AIMS continues to campaign for Continuity of Carer as an evidence based way to improve outcomes without the downsides of medical interventions. AIMS is a stakeholder in the Better Births Implementation programme and will continue to campaign for full implementation – as we firmly believe then life for women, their pregnancies and their babies will indeed be better.

We have responded quickly to the release of these reports, but will take more time to read and digest the content in more detail. We will make more comment in a subsequent AIMS Journal.

Thank you again to the teams who compile these important reports.

AIMS Trustees and Volunteers

9th November 2018